Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ITITY	OR	OTHER SMALL	1
ТО	TAL CLAIMS		21				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 minus 20=		• /			X\$ 9=		OR	X\$18=	186
INDEPENDENT CLAIMS			2 minus 3 =					X40=		OR	X80=	19
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	7
* If the difference in column 1 is less than zero, enter "0" in column 2						Ĺ	TOTAL		OR	TOTAL	20%-	
CLAIMS AS AMENDED - PART II								IOIAL		On	OTHER	-
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.25	Minus	Z	1	= 4		X\$ 9=		OR	X\$18=	72
	Independent	•	Minus ,	•••		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	CLAIM		1	+135=		OR	+270=	
	, _ /	·					L	TOTAL		OR	TOTAL ADDIT, FEE	
2	125/	(Column 1)		(Colu	mn 2)	(Column 3)		ODIT. FEE		2	AUUIT, FEE	
AMENDMENT B	70 (27. )	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.24	Minus	6	25	= /		X\$ 9=		OR	X\$18=	
	Independent	. 2	Minus	•••	3	<u> -/</u>	1 [	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .						J	+135=		OR	+270=	
		•					L	TOTAL		OR	TOTAL ADDIT. FEE	
		· (Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	][	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	] [	X\$ 9=	-	OR	X\$18=	
	Independent	•	Minus	***		=	Į t	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	t the enter in sele	mn 1 je lace than t	he entry in colo	ıma 2 wzih	a "0" in co	lumo 3.	L	+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The Highest Nu	nher Previously Pa	id For (Total o	r Independ	lent) is the	highest numb	er four	nd in the app	propriate bo	k in co	lumn 1.	

Application or Docket Number